SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER: 192116VHG2530001
2. CONTRACT NO.: HSCEMD-13-D-00001
3. AWARD EFFECTIVE DATE: 01/22/2016
4. ORDER NUMBER: HSCEMD-16-3-00002
5. SOLICITATION NUMBER: EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production
6. SOLICITATION ISSUE DATE: 000939

7. FOR SOLICITATION INFORMATION CALL: ICE/IOSD

8. ISSUED BY: Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway, (D)(b)(7)(C)
Dallas TX 75247

9. OFFER DUE DATE: LOCAL TIME CT

10. THIS CONTRACT IS:
☐ UNRESTRICTED
☐ SET ASIDE: 100.00% FOR
☐ SMALL BUSINESS
☐ HUBZONE SMALL BUSINESS
☐ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
☐ WOMEN-OWNED SMALL BUSINESS
☐ HUBZONE
☐ EDWOSB
☐ 8(a)

16. ADMINISTERED BY: ICE/HSI/HQ-D2
Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway, (D)(b)(7)(C)
Dallas TX 75247

17a. CONTRACTOR/OFFEROR: Cellebrite USA Corp
7 Campus Drive
Suite 210
Parsippany NJ 07052

17b. TELEPHONE NO.: 201-599-5800

18. PAYMENT WILL BE MADE BY: ICE/HSI/HQ-DIV 2
DHS, ICE
Burlington Finance Center
P.O. Box 1620
Attn: ICE-HSI-HQ-DIV 2
Williston VT 05495-1620

19. ITEM NO.: (b)(b)(b)(7)(C)

20. SCHEDULE OF SUPPLIES/SERVICES

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
</table>

21. ACCOUNTING AND APPROPRIATION DATA

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE NOT ATTACHED.
27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, 52.212-5 IS ATTACHED. ADDENDA ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

30b. NAME AND TITLE OF SIGNER (Type or print)
30c. DATE SIGNED

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
31b. NAME OF CONTRACTING OFFICER (Type or print)
31c. DATE SIGNED

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE
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<td>Accounting Info:</td>
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**2002D UFED TOUCH ULTIMATE - RUGGEDIZED**

Invoice Instructions:
ICE - NON-ERO Contracts

Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a "pdf" format in accordance with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows:

   a. Email:
   - Invoice.Consolidation@ice.dhs.gov
   - Program Office/Receiving Official

  印制-of-Contact (POC): (b)(6);(b)(7)(C)
   732 or (202)

   Continued...

32a. QUANTITY IN COLUMN 21 HAS BEEN

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
32c. DATE
32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE
32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER
34. VOUCHER NUMBER
35. AMOUNT VERIFIED
36. PAYMENT
37. CHECK NUMBER

38. S/R ACCOUNT NUMBER
39. S/R VOUCHER NUMBER
40. PAID BY

39. COMPLETE
40. PARTIAL
41. FINAL

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER
41c. DATE
42a. RECEIVED BY (Print)
42b. RECEIVED AT (Location)
42c. DATE REC'D (YY/MM/DD)
42d. TOTAL CONTAINERS
Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-HSI-HQ-DOV 2

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and Continued ...
shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Agreement/Contract number, if applicable, the order number;

(v) Contract Line Item Number(s)
   HSCEMD-13-D-00001/HSCEMD-16-J-00002 (CLIN) 2002D;
   Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance: 30 days after receipt of order;

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

(x) ICE program office (ICE-HSI-HQ-DIV 2) designated on order/contract/agreement and

(xi) Mark invoice as “Interim” (Ongoing Continued ...)
<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
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<tbody>
<tr>
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<td>performance and additional billing expected) and &quot;Final&quot; (performance complete and no additional billing) (xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management. 3. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491— or by e-mail at</td>
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</tbody>
</table>

Sponsored by GSA FAR (48 CFR) 53.110
**FOR SOLICITATION INFORMATION CALL:**

**Investigations Ops Support Dallas**
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway,
Dallas TX 75247

**INFORMATION CALL:**

<table>
<thead>
<tr>
<th>CODE</th>
<th>NAME</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(4)</td>
<td>(b)(6)</td>
<td>(b)(7)(C)</td>
</tr>
<tr>
<td>(b)(4)</td>
<td>(b)(6)</td>
<td>(b)(7)(C)</td>
</tr>
</tbody>
</table>

**DELIVERY FOR JOB DESTINATION:**

ICE/HSI/HQ-D2
Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway,
Dallas TX 75247

**OFFEROR TO COMPLETE BLOCKS 12, 17, 24, & 30**

<table>
<thead>
<tr>
<th>CODE</th>
<th>NAME</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0330955680000</td>
<td>CELLEBRITE USA CORP</td>
<td>(214) 905-5000</td>
</tr>
</tbody>
</table>

**SCHEDULE OF SUPPLIES/SERVICES**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
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</tr>
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<tr>
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</tr>
<tr>
<td>(b)(0)(b)(7)(C)</td>
<td>Program Office/Receiving Official</td>
</tr>
<tr>
<td>(b)(0)(b)(7)(C)</td>
<td>Point-of-Contact (POC): (b)(6)(b)(7)(C)</td>
</tr>
<tr>
<td>732-5 or (b)(6)(b)(7)(C)</td>
<td>Alternate Office/Receiving Official POC: (b)(6)(b)(7)(C)</td>
</tr>
<tr>
<td>(b)(0)(b)(7)(C)</td>
<td>Procurement Office Point-of-Contact POC: (b)(6)(b)(7)(C)</td>
</tr>
</tbody>
</table>

**PAYMENT WILL BE MADE BY:**

ICE/HSI-HQ-D2
Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway,
Dallas TX 75247

**ACCOUNTING AND APPROPRIATION DATA**

- **TOTAL AWARD AMOUNT** (For Govt. Use Only)
- **AWARD OF CONTRACT**

**SIGNATURE OF OFFEROR/CONTRACTOR**

- **DATE SIGNED**

**AUTHORIZED FOR LOCAL REPRODUCTION**

EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production
<table>
<thead>
<tr>
<th>ITEM NO.</th>
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<tbody>
<tr>
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<td>(b)(4)</td>
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</tr>
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Invoice Instructions:

ICE - NON-ERa Contracts

Service Providers/Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a "pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms] via email, United States Postal Service (USPS) or facsimile as follows:

   a. Email:

   - (b)(6), (b)(7)(C)

   Continued ...
b. USPS:

DHS, ICE  
Financial Operations - Burlington  
P.O. Box 1620  
Williston, VT 05495-1620  

ATTN: (**THIS IS AN IMPORTANT FIELD** The Contracting Officer or Contracting Specialist should delete all text between and including these parentheses and then type the correct attention line based on the program that will be receiving the invoice. This attention line will be the same as the attention line that was automatically populated during Invoice Address selection. Please contact the OAQPRISM Help Desk at 667-67-7677 incarceration (C) with any questions)  

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658  

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  

Continued ...
FERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEMD-13-D-00001/HSCEMD-16-J-00005

CONTINUATION SHEET

NAME OF OFFEROR OR CONTRACTOR
CELLBRITE USA CORP

<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
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2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Agreement/Contract number, if applicable, the order number;

(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

(x) ICE program office designated on Continued ...
order/contract/agreement and

(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.

3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firmed Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):

ALT 1- Time and Material Contracts


ALT 2 - Cost Contracts

a. Cost Plus Award Fee:

The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:

- CLIN/Task Total Hours: This will identify all current and cumulative contractor employees by labor category on the project and their total CLIN/Task hours billed. The listing shall include separate columns and totals for the current invoice period and the project to date.

Continued ...
**CONTINUATION SHEET**

**REFERENCE NO. OF DOCUMENT BEING CONTINUED**

HSCEMD-13-D-00001/HSCEMD-16-J-00005

**NAME OF OFFEROR OR CONTRACTOR**

CELEBRITE USA CORP

<table>
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</table>

- CLIN/Task Total Costs: This will identify all current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.

The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.

The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.

The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.

b. Cost Reimbursable CLIN (Other Direct Costs)

The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINS. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

Continued...
**ITEM NO.**

- Item purchased
- Cost
- Date expensed
- Documentation of prior COR approval

All cost presentations provided by the Contractor shall also include applicable indirect cost.

c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

- Date Expensed
- Authorized Travel Event Number
- Days of Travel
- Documentation of COR approval prior to travel

Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.

Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.

In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.

4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491 or by Continued ...
epic.org

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e-mail at *(b)(6),(b)(7)(C)*

The total amount of award: *(b)(4)*. The obligation for this award is shown in box 26.
Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway,
Dallas TX 75247

DELIVERY FOR FOB DESTINATION LESS THAN 150 MILES IS MARKED

DELIVERY TO
ICE/HSI/HQ-D2

ADMINISTERED BY CODE ICE/IOSD

CELEBRITE USA CORP
7 CAMPUS DRIVE
PARSIPPANY NJ 07452

DHS, ICE
Burlington Finance Center
P.O. Box 1620
Att: ICE-HSI-HQ-DIV 2
REF: HSCEMD-16-J-00021
Williston VT 05495-1620

DUNS Number: 033095568

(Use Reverse and/or Attach Additional Sheets as Necessary)

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

SIGNATURE OF OFFEROR/CONTRACTOR

UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

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**b)(7)(E)**

Exempt Action: N
Accounting Info: 

**b)(7)(E)**

Period of Performance: **b)(4)**

**b)(4)**

Invoice Instructions:
ICE - NON-ERO Contracts

Service Providers/Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a "pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:

a. Email:

Continued ...

32a. QUANTITY IN COLUMN 21 HAS BEEN

[ ] RECEIVED [ ] INSPECTED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED CORRECT FOR

36. PAYMENT

37. CHECK NUMBER

[ ] COMPLETE [ ] PARTIAL [ ] FINAL

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE REC'D (YY/MM/DD)
Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-HSI-HQ-DIV 2

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Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

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(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

(x) ICE program office designated on order/contract/agreement and

(xi) Mark invoice as “Interim” (ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)

(xii) Electronic Funds Transfer (EFT) banking Continued...
3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firmed Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):

**ALT 1 - Time and Material Contracts**


**ALT 2 - Cost Contracts**

a. Cost Plus Award Fee:

The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:

- **CLIN/Task Total Hours:** This will identify all current and cumulative contractor employees by labor category on the project and their total CLIN/Task hours billed. The listing shall include separate columns and totals for the current invoice period and the project to date.

- **CLIN/Task Total Costs:** This will identify all current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.

Continued ...
The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.

The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.

The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.

b. Cost Reimbursable CLIN (Other Direct Costs)

The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

- Item purchased
- Cost
- Date expensed
- Documentation of prior COR approval

All cost presentations provided by the Contractor shall also include applicable indirect cost. Continued ...
**c. Cost Reimbursable Travel CLIN:** The contract may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

**d. Project Total Travel:** This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:

- Date Expensed
- Authorized Travel Event Number
- Days of Travel
- Documentation of COR approval prior to travel

Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.

Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.

In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.

4. **Invoice Inquiries:** Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The total amount of award: [b(4)] The obligation for this award is shown in box 26.
# SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS

**OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

<table>
<thead>
<tr>
<th>Block</th>
<th>Information</th>
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<td>6.</td>
<td><strong>SOLICITATION ISSUE DATE</strong>&lt;br&gt;(Not coded)</td>
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<td>26.</td>
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### DUNS Number:
033095568

### Program POC:
(D)(6)(D)(Y)(C) 210-321-(D)(6)(D)(Y)(C)

### Alt Program POC:
(D)(6)(D)(Y)(C) 210-321-(D)(6)(D)(Y)(C)

### Contracting POC:
(D)(6)(D)(Y)(C) 214-905-(D)(6)(D)(Y)(C)

### Exempt Action:
N
### Delivery:
30 Days After Award

### Accounting Info:
Continued...

### 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3, and 52.212-5 are attached. ADDENDA

### 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3, and 52.212-5 is attached. ADDENDA

### 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

### 29. AWARD OF CONTRACT.

### 30a. **NAME AND TITLE OF SIGNER** (Type or print)

### 30b. **DATE SIGNED**

### 30c. **SIGNATURE OF OFFICER/CONTRACTOR**

### 31a. **UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)**

### 31b. **DATE SIGNED**

### 31c. **SIGNATURE OF OFFICER/CONTRACTOR**

---

**AUTHORIZED FOR LOCAL REPRODUCTION**

**PREVIOUS EDITION IS NOT USABLE**

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**EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production**

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**STANDARD FORM 1449 (REV. 2/2012)**

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**Prescribed by GSA - FAR (48 CFR) 52.212**

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**000895**

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All pertinent terms and conditions from HSCEMD-13-D-00001 are hereby incorporated by reference.

FOR COMMUNICATION OF THIS ORDER

All communications and invoices must reference the order number shown in Block #3 on page 1 of the Purchase Order. Payment inquiries are to be directed to the Dallas Finance Center at 214-915 6277. Direct other inquiries to (b)(6);(b)(7)(C) at the issuing office at 214-905 (or) via e-mail to: (b)(6);(b)(7)(C)

The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a copy of this page with signature to the Contracting Officer via facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.

Continued ...
NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.

Invoicing Instructions:

ICE - NON-ERO Contracts

Service Providers/Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a “.pdf” format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms] via email, United States Postal Service (USPS) or facsimile as follows:

   a. Email:
      - [b][d][e][f][g]
      - Contracting Officer Representative (COR) or Government Point of Contact (GPOC)
      - Contract Specialist/Contracting Officer

   Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

   b. USPS:

   DHS, ICE
   Financial Operations - Burlington
   P.O. Box 1620
   Continued...
NAME OF OFFEROR OR CONTRACTOR
CELBEBRITÉ USA CORP

<table>
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<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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</thead>
</table>

Williston, VT 05495-1620

ATTN: ICE-HSI- SAC San Antonio

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.
Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: The Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;
(ii) Dunn and Bradstreet (D&B) DUNS number;
(iii) Invoice date and unique invoice number;
(iv) Agreement/Contract number, if applicable, Continued...
### CONTINUATION SHEET

**REFERENCE NO. OF DOCUMENT BEING CONTINUED**

HSCEMD-13-D-00001/HSCEMD-16-J-00026

**NAME OF OFFEROR OR CONTRACTOR**

CELEBRITÉ USA CORP

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the order number;
(v) Contract Line Item Number(s) (CLIN);
Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);
(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;
(vii) Terms of any discount for prompt payment offered;
(viii) Remit to Address;
(ix) Name, title, and phone number of person to notify in event of an improper invoice;
(x) ICE program office designated on order/contract/agreement and
(xi) Mark invoice as “Interim” (Ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)
(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.

3. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491[Editorial Note: redacted] or by e-mail at [Editorial Note: redacted]

The total amount of award: [b](4). The obligation for this award is shown in box 26.
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<td>214-905</td>
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**SOLICITATION/CONTRACT/OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

**FOR SOLICITATION INFORMATION CALL:**

Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management
7701 N. Stemmons Freeway, Dallas TX 75247

**15. DELIVER TO CODE:**

Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management
7701 N. Stemmons Freeway, Dallas TX 75247

**16. ADMINISTERED BY CODE:**

Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management
7701 N. Stemmons Freeway, Dallas TX 75247

**17a. CONTRACTOR/OFFERER CODE:**

CELLEBRITE USA CORP
7 CAMPUS DRIVE
PARSIPPANY NJ 07452

**18a. PAYMENT WILL BE MADE BY CODE:**

DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-Houston Williston VT 05495-1620

**SCHEDULE OF SUPPLIES/SERVICES**

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**21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT**

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**ACCOUNTING AND APPROPRIATION DATA**

**25. ACCOUNTING AND APPROPRIATION DATA**

See schedule

**26. TOTAL AWARD AMOUNT (For Govt. Use Only)**

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**SIGNATURE OF OFFICER/CONTRACTOR**

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FOR COMMUNICATION OF THIS ORDER

All communications and invoices must reference the order number shown in Block #3 on page 1 of the Purchase Order. Payment inquiries are to be continued ...

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED  ☐ INSPECTED  ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  32c. DATE  32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE  32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER  34. VOUCHER NUMBER  35. AMOUNT VERIFIED

36. PAYMENT  37. CHECK NUMBER

☐ COMPLETE  ☐ PARTIAL  ☐ FINAL

38. S/R ACCOUNT NUMBER  39. S/R VOUCHER NUMBER  40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT  41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER  41c. DATE

42a. RECEIVED BY (Print)  42b. RECEIVED AT (Location)  42c. DATE REC'D (YY/MM/DD)  42d. TOTAL CONTAINERS
directed to the Dallas Finance Center at 214-915(b)(6),(b)(7)(C) or Direct other inquiries to (b)(6),(b)(7)(C) at the issuing office at 214-905 (or) via e-mail to: (b)(6),(b)(7)(C)

The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a copy of this page with signature to the Contracting Officer via facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.

Signature

Title

Date

NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.

Invoicing Instructions:

ICE - NON-ERO Contracts

Service Providers/Contractors shall follow these procedures when submitting invoices.

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   a. Email:
      - (b)(6),(b)(7)(C)
      - Contracting Officer Representative (COR) or Continued ...
Government Point of Contact (GPOC)

- Contract Specialist/Contracting Officer

Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-HSI- SAC Houston

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   (iv) Agreement/Contract number, if applicable, the order number;
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**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**

**OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

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<td>22</td>
<td>22. TOTAL AWARD AMOUNT (For Gov't Use Only)</td>
</tr>
<tr>
<td>23</td>
<td>23. AMOUNT</td>
</tr>
<tr>
<td>24</td>
<td>24. UNIT</td>
</tr>
<tr>
<td>25</td>
<td>25. ACCOUNTING AND APPROPRIATION DATA</td>
</tr>
<tr>
<td>26</td>
<td>26. SIGNATURE OF OFFEROR/CONTRACTOR</td>
</tr>
<tr>
<td>27</td>
<td>27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-2, AND 52.212-4 ARE ATTACHED. ADDENDA</td>
</tr>
<tr>
<td>28</td>
<td>28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN</td>
</tr>
<tr>
<td>29</td>
<td>29. AWARD OF CONTRACT. OFFER DATED</td>
</tr>
<tr>
<td>30</td>
<td>30a. DATE SIGNED</td>
</tr>
<tr>
<td>31</td>
<td>31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)</td>
</tr>
</tbody>
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**SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-2, 52.212-3 AND 52.212-4 ARE ATTACHED. ADDENDA**

**METHOD OF SOLICITATION**

- X RFQ
- X RFP

**PAYMENT WILL BE MADE BY**

- CODE ICE/HSI-HQ-D2

**ADDRESS SHOWN IN BLOCK 16U UNLESS BLOCK BELOW IS CHECKED**

**SCHEDULE OF SUPPLIES/SERVICES**

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<td>488</td>
<td>(b)(6)</td>
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